

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County SHANNONRegistration District No. 823

Township

Primary Registration District No. 4498

City

WINONA

(No.

St.

Ward)

2. FULL NAME

JOHN ALLEN VAN WINKLE

(a) Residence, No.

Winona

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 10 - 37

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

WINONA, Mo.

MOTHER, FATHER

13. NAME

Lee VAN WINKLE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

WINONA

15. MAIDEN NAME

LYDIA BELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

INDIANA

17. INFORMANT (ADDRESS)

Lee VAN WINKLE

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Winona, Mo.

DATE

Oct 10 1937

19. UNDERTAKER (ADDRESS)

none

20. FILED

11-91937Mabel Roelke

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 10TH, 193722. I HEREBY CERTIFY, That I attended deceased from OCT. 10TH, 1937 to OCT 10TH, 1937I last saw him alive OCT. 10TH, 1937 Death is saidto have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

ASPHYXIAED

Date of onset

Other contributory causes of importance:

PREMATURE BIRTH

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1937

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) George W. Williams, M. D.(Address) Winona, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

